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IMPROVING HOME CARE QUALITY: AN INDIVIDUAL-CENTRED APPROACH

Charles Patmore, Research Fellow, Social Policy Research Unit, University of York

ABSTRACT

Evidence is presented for important individual differences between older people concerning what they value as high quality service from Home Care. A case is made for improving service quality through systematically consulting each service user about their own preferences and seeking to fulfil these requests on an individual basis. This contrasts with setting uniform quality standards for all older Home Care clients, based on most commonly expressed preferences. Evidence is cited from individual interviews with older Home Care service users and from an experiment in modifying older people's services through briefing Home Care staff on the preferences of individual clients. Issues in developing this approach are discussed.

Key words: Home Care - Quality - Older people - Social Services - Individuals - Preferences

[4050 words]

INTRODUCTION

Early research on quality in older people's Home Care services sought to identify widely shared values among service users and to prescribe features of service which would accommodate these common values. Influential has been the work of Henwood *et al* (1998) who, aggregating results from focus groups and individual interviews, identified aspects of quality commonly mentioned by service users - like staff reliability, service from staff whom users knew well, and staff readiness to help with a broad variety of household problems. A quality assurance framework was developed, which promotes the organisation of service to all older Home Care clients according to such a uniform set of values (Henwood *et al* 1998). Some Social Services Departments now promote quality standards for Home Care which emphasise for all clients punctual visiting, providing service from only a few different staff, and consistent completion of a list of tasks supplied to the client (e.g. West Berkshire Social Services 2000). This approach to quality concentrates on devising a single set of responses which will suit the greatest number of service users.

An alternative approach is also emerging, which promotes flexible, individualised responses to the different quality concerns of different service users. Colhoun (1998) developed a system for assessment which invited each Home Care service user to name aspects of service or staff performance which, if staff provided them, would mean the service user would regard their own service package as good quality. Kane *et al* (1999) tested an assessment system whereby care managers could tailor each client's care plan to reflect that individual's values. Such developments may reflect recognition of large individual differences between older people in their values, circumstances and aspirations, as noted by Langan *et al* (1996) or the limitations of common care management systems in promoting choice (Hardy *et al* 1999).

Support for such individual-centred approaches to quality assurance emerged during a large, multi-part research study by the Social Policy Research Unit (SPRU). Sometimes major differences between individuals were evident concerning the importance they placed on different items among the common values highlighted by Henwood *et al*. Also, some interviewees named other issues as important to their view of service quality, which were highly individual and would never feature on any list of common responses. A case seemed evident that Home Care services should ask each older person about any key requests concerning service quality and seek to meet these on an individual basis, where practicable. This way staff effort would be invested in the areas which mattered most to each individual, rather than in achieving for everyone some common standards which, it seemed, would have limited relevance to many individuals. Qureshi and Henwood (2000) have suggested that possibly service users might be prepared "...to 'trade off' different aspects of quality and to accept less of some dimensions if it allows them greater control of others which are of more importance to them."

This article first gives examples of such differences between individuals in what mattered to them about their Home Care services. Next it reports an investigation of this subject within a random sample of older Home Care clients interviewed during the SPRU research programme. Then it describes a test of a new Home Care briefing document which sought to identify each client's individual preferences and then prompt Home Care staff to observe these. Finally it reviews some general issues concerning such an individual-centred approach to service quality.

DIFFERING INDIVIDUAL PRIORITIES CONCERNING SERVICE QUALITY

SPRU conducted two sets of focus groups with Home Care clients early in a large, multi-part investigation into outcomes of social care for older people in one Metropolitan District Social Services Department, funded by the Department of Health (Qureshi et al 1998, Patmore *et al* 1998, Patmore *et al* 2000). These focus groups yielded information about quality preferences which was broadly similar to Henwood *et al* (1998). However some additional individual interviews showed important differences between individuals as to which values or preferences were important to them. In order to pilot an interview schedule for a subsequent programme of in-depth interviews, SPRU then gave individual interviews to some previous participants in the Home Care focus groups. This interview schedule included questions about important factors in maintaining or improving the quality of a person's Home Care. These pilot interviews likewise highlighted differing individual priorities, which had not emerged in the focus groups.

Some examples can be given of contrasting personal priorities or preferences.

> Mr A was 70 years old and suffered severe mobility difficulties which required 18 hours Home Care per week. But he had engagements outside his home on seven days a week - largely connected with his substantial church and voluntary sector roles. He named only one priority concerning Home Care, which was that he be helped to get up at 8.00 am punctually every day to be ready to be collected for his various meetings. Nothing else really mattered to him. He was content with service from 10 different Home Care Assistants. He had no interest in Home Care flexibility concerning small extra tasks - thanks to the large social network which his community work sustained, he said, he could phone people who would give him such help whenever necessary. Likewise, although he lived alone, his active

lifestyle meant he did not need Home Care for company. He was extremely satisfied with Home Care because the service already went out of its way to supply him with the early first visit on which his lifestyle depended.

Mr B was 83 years old, lived alone and his health problems meant that he rarely went out. He greatly valued conversation with certain Home Care staff. His top preference was that he should be always served through three particular Home Care Assistants, rather than the six who currently visited. He did not wish to receive all service from a single Home Care Assistant because he had previously found this made staff changes too painful. He strongly wished to know in advance who would give him his next visit. Also, if he did not feel like lunch, he wished Home Care Assistants to be allowed to spend their allotted time talking with him instead of cooking. But staff punctuality was not greatly important to him, as long as staff would eventually turn up.

Mrs C also would have wished service from fewer staff - she felt weary about instructing new people. But her chief request was that Home Care staff should always sit down and briefly chat with her at the end of every visit. If there were anything worrying her that day, she would only be able to raise it during such a conversation. Otherwise she could not articulate it.

Mr D actually liked service from many different staff because of the refreshing variety of people he met this way - he lived alone and otherwise saw few people. He felt his Home Care workers gave him as good a service as they were allowed to give. His priority was help with two problems with which Home Care were not allowed to help - cleaning upper

inside windows and hedge trimming. He feared that his cloudy windows and overgrown hedge gave neighbours a false message that he had "gone to pot".

These examples suggest that service quality could be pursued on an individual level by identifying and addressing each individual's priorities. Possibly the differences between individuals' requests might make them easier to accommodate. For instance Mr A and Mr B expressed priorities so different that they do not compete with each other.

INDIVIDUAL QUALITY PREFERENCES AMONG A SAMPLE OF HOME CARE CLIENTS

During the second phase of the SPRU outcomes programme, an opportunity arose to investigate individual preferences within a random sample of older Home Care clients. Thirty older community clients participated in a programme of semi-structured home interviews conducted by senior managers from their local Area Office (Patmore 2000a, Patmore 2001a, Patmore 2001b). This programme aimed to use the views of service users to guide service development. Senior Social Services managers were used as interviewers because earlier research had discovered that older Home Care clients preferred this - largely to communicate directly with key decision-makers (Patmore *et al* 2000). Interviewees were drawn from two distinct 90,000 population catchments, Area "A" and Area "B". Stratified random samples were used to represent both recipients of intensive Home Care and people who received single weekly visits for shopping. Care was taken to represent the high proportion of very old service users. By chance, all interviewees were users of Social Services own Home Care service which served some 95% of older people receiving Home Care funded by Social Services. Table 1 describes interviewees.

The interview schedule included the question “Do you have personal priorities or preferences which are specially important to you concerning Home Care?” Questions were also asked about common quality issues like the number of different Home Care staff, the timing of service, and relationships with Home Care staff.

Fifteen people out of thirty responded to the question about important personal priorities or preferences. Eight named one such priority, three named two, and four named three personal priorities. Other clients did not name any.

Responses are listed in Figs 1 and 2. Most responses concern desired improvements, though others involve existing practices which an interviewee particularly wished to continue. Their variety is evident. While some concern well-recognised issues like the timing of calls or relationships with particular workers, others do not. Often interviewees named issues at the boundary of what the Home Care service was permitted to do. But there were also some small, easily met requests.

Differences seem apparent between catchments. Prominent in Area “B” are requests concerned with household cleaning and maintenance, for instance cleaning of ornaments and decorations. In Area “A” a comparable common desire concerned later bedtime visits. While in both catchments Social Services usually limited Home Care cleaning to hygiene and safety functions, in Area “A” it seemed easier for older people to obtain additional cleaning if they desired this. One factor was that, by policy, Area Office “A” introduced older people to independent sector cleaners, if they wished extra cleaning, whereas Area Office “B” did not. Also, Area “A” interviewees received more help with cleaning from family, friends or neighbours, which might

reflect the longstanding social networks for which this catchment had a reputation (c.f. Wenger 1992).

Interviewees' views were also sought about the number of different Home Care staff who visited them and the timing of their visits, regardless of whether they named these as concerns.
Responses support an individual-centred approach. Six people criticised arrangements whereby service came from any team member - usually six to ten workers. Four of these interviewees positively preferred service from particular familiar workers, while two others wished to avoid certain team members. But there were six other interviewees who commented how much they enjoyed variety of staff on account of the interest-value of different personalities and hearing different Home Care staff talking about their own lives.

Sixteen people named the timing of their Home Care visits as important. Half of these were satisfied with their current arrangements; half were not. Precise concerns varied widely. The most common dissatisfaction about timing concerned bedtime visits in the 6pm to 7pm range, earlier than desired. However some people were satisfied with these same early bedtimes because, owing to their health problems, they were tired by then.

AN INTERVENTION PROJECT ADDRESSING INDIVIDUAL QUALITY PREFERENCES

An opportunity arose to examine whether informing Home Care staff about clients' individual quality preferences could improve service. Separate from the managers' interview programme, a new approach was being tested for briefing Home Care staff about key facts concerning each client (Patmore 2000b, Patmore 2001c, Patmore 2001d). Increasingly this Home Care Service's work concerned intensive care for very dependent older people, who need multiple daily visits -

a national trend. Such clients require teamwork, which involves each staff member with larger numbers of different clients. As Sinclair *et al* (2000) have demonstrated, the more clients a Home Care worker sees, the harder to know the salient facts about each person. A study was organised by SPRU and Social Services to see whether Home Care workers could usefully be briefed through an information sheet about each client, kept in a new Home Care Record Book in the client's home. Different sections would summarise reasons why service was being given, any particular health vulnerabilities for which staff should be alert and any short-term changes to work towards. Additionally a section would list any individual quality preferences, plus instructions from team leaders on how to respond to these preferences. If requests were difficult to fulfil, team leaders should devise compromise solutions. For instance they might ensure visits at preferred times on some occasions, if not possible on all. Home Care staff would see this briefing information when they made their mandatory entry in the Record Book on arrival during every visit. Copies of the information were also held by team leaders, to assist service planning and supervision of staff.

For two months this document was tested with 27 older users of Social Services own Home Care service in a third catchment in this Authority, Area "C". Twenty-three of the participants were established clients; the others first received service during the test. Participants were selected to represent both recipients of intensive service and people receiving only single visits weekly, so that the briefing document could be evaluated separately for each category. After two months the effects of the document was evaluated by SPRU as described in Figure 3. Overall results are given elsewhere in summary (Patmore 2000b) and in detail (Patmore 2001c).

Preferences or requests relating to service quality were identified for 18 of the 27 clients, including three people who made more than one request. Requests are listed in Fig 4. For 15 of these 18 people, team leaders instructed staff to fulfil at least one request - or to fulfil one when circumstances permitted. Of the remaining three, one request for service from a single worker was declined. An impracticable request from a client who suffered dementia also was not fulfilled. There was a third client for whom it was unclear whether her request would be met.

Among people for whom requests were to be met in some shape or form, there were at least three established clients for whom previously unrecognised wishes were now to be met as a result of the exercise. In one case extra service during family holidays was obtained by a client who lived alone but usually received much help from her family. Another client obtained earlier breakfasts. For another client, staff now collected medication. There was a fourth established client for whom cleaning was now to be provided when time permitted, though this had not yet happened during the trial period.

There were five requests which seemed already known and followed. There were also two requests which related to new situations and, in the view of staff, would have been probably fulfilled anyway without this document. There were four requests which staff were instructed to follow only when circumstances permitted; it was not clear whether these preferences were already known to staff. Two of these concerned desire for service from a single Home Care Assistant. Since some teams used a model for teamwork which only rarely left room for this, gains from the latter requests cannot be assumed.

Some Home Care team leaders seemed pleased at this means for demonstrably improving service for some clients. Others worried about raising clients' expectations and the challenge of extending the approach to all clients, rather than a small experimental sample. Home Care Assistants generally liked having the extra information about clients' needs and concerns. Soon after, the Authority introduced this new Home Care Record Book throughout the Home Care service (Patmore 2001d).

DISCUSSION AND CONCLUSIONS

Gains for some Home Care clients proved possible through the recording of clients' preferences or special requests in the exercise just described. There are noteworthy issues for development of this approach, as follows.

In the services studied here, questions about preferences or requests often drew responses about things which the service did not routinely supply. Sometimes they were things which an individual wished but was not receiving. Sometimes they were already being supplied but only because the client had already expressed a specific request. Thus these requests often concern a service's customary limits. Home Care Organisers commented that new clients needed to receive Home Care for several weeks at least before they knew the routine service well enough to say what individual adjustments they most wanted. This has, in fact, been noted in a study elsewhere into a comparable approach to care management (Colhoun 1998).

Thus service users may hold important values, like values listed by Henwood *et al* (1998), yet never name them as individual requests if the local service always observes them. For instance the Social Services Home Care Service studied here by SPRU was so highly reliable in terms of

not missing visits, that reliability was not mentioned among individual concerns. An exception was an interviewee in the managers' interview programme who had transferred to an independent sector provider to obtain later bedtime service than offered by Social Services Home Care. To her amazement, the new provider sometimes missed visits altogether. She transferred back to Social Services Home Care, recognising a preference for reliability if it was a choice between reliability and a convenient bedtime.

Since they thus often reflect a service's customary limits, the most common special requests will vary from service to service. Indeed differences seem apparent in the three different catchments in the SPRU studies. Differences in the characteristics and resources of service users in different catchments may also influence common requests. If a service changes or if a person changes to a new service, an individual's most important requests may change too.

Since they often reflect a service's limits, it is natural that some clients' requests will run counter to current Home Care policies. It would miss the point to limit recording of clients' requests to those which do not challenge current policy. Rather, identifying requests can constructively stimulate debate about service development. Some requests are likely, for instance, for help in finding trustworthy cleaners or household repair services - from older people who do not know where else to turn. Helpful ways of responding ought to be worked out. Arguably all requests should be recorded, even if they conflict with official restrictions on Home Care. Requests which cannot currently be met could be placed on the agenda for the development of the service. Clarifying their frequency may cast fresh light on how difficult it would be to implement them; some officially controversial requests may prove perfectly practicable to fulfil in some circumstances. Some requests might be appropriately referred to Care Management. There is a

case both for recording requests which Home Care cannot easily meet and also for asking the same clients for other requests which would be easier to fulfil. During the Home Care Record Book project, there were instances where staff met one request from a client but not another. If naming more than one request, clients could be asked to prioritise. Compromises can be devised.

During the SPRU research there were signs that older people sometimes do not name a request when asked directly, if they feel they have previously communicated the answer to their interviewer. If Home Care staff are asking the question, they should enquire concerning any important issues which the client has ever voiced previously, if a client raises nothing spontaneously. The client may believe that they already know. But there are definitely also many older people who simply do not express any individual preferences.

Face-to-face review meetings with each client seem important for gathering information on clients' preferences. Gaining fresh information about long established Home Care clients requires investing time in discussion with clients and family carers. Subsequent reviews could usefully examine success in meeting requests and whether a client wishes to change their request. During years of service, clients' requests may change as their health, social networks or support services change. It was evident from individual interviews by SPRU researchers that often there were logical, practical connections between individuals' preferences concerning Home Care and features of their current lifestyle and networks. These features might, in time, change.

There is a case for prioritising the requests of certain clients, since hard-pressed staff may be unable to fulfil everyone's requests. During SPRU's research sometimes requests could be

identified as having major impact on a person's quality of life, like the earlier example of Mr A. Isolated older people can especially benefit from Home Care services which are responsive to individuals' requests, because people with many informal helpers can use these instead to meet their needs (Woodruff & Applebaum 1996). Another priority group for systematic consultation might be those older service users who otherwise would be least likely to effectively communicate preferences to staff - like people with communication difficulties or mental health problems or difficulties speaking English. Prioritisation is relevant in view of great pressure of tasks on many Home Care services – a major obstacle to quality initiatives. However, as suggested earlier, individual quality requests may not necessarily place greater burden on staff than conventional quality standards.

There are issues to address concerning Home Care contracted by Social Services from independent sector providers. Care Managers can obviously help identify client requests early in service. But someone is also needed to regularly review them: Care Managers often minimise their role in the long-term management of older people's Home Care. During the test of the Home Care Record Book it was team leaders within the provider service who identified clients' requests and decided responses. They were envisaged as managing the procedure long-term. But for independent sector provider managers to likewise manage and review client requests, an effective collaborative relationship with Social Services, based on mutual trust, would be necessary - as discussed by Knapp *et al* (2001). More active long-term involvement by Care Managers might be an alternative.

Responsiveness to client requests could be monitored. During the test of the Home Care Record Book, one team leader monitored response to a client's preference for an earlier breakfast by examining the Record Book's signed entries for visit times. Other types of preference could be monitored in the same way - like regular contact with particular workers, for instance, or some longer visits. Provision of requested occasional extra tasks could be entered in the space in the Record Book for comments about each visit.

It might be feasible for an audit to compare Home Care providers concerning types of requests voiced by clients, types of requests which staff are instructed to meet, and evidence of success in meeting them. But sensitive investigation of reasons for differences would be required, noting the complex relationship between special requests and the characteristics of routine service. Another challenge for audit concerns recognising adjustments for individual clients which may be so longstanding that clients take them for granted. Also, sometimes individual adjustments are implemented rather covertly by Home Care staff, who may conceal from supervisors some of their kindness to clients lest it be deemed contrary to regulations (Sinclair *et al* 2000). If feasible, audit might identify which models for organising Home Care teams are best for meeting many, varied service user preferences. How a service is organised can greatly affect its flexibility for meeting preferences like service through familiar staff, service at chosen times, or occasional extra tasks.

Another development of this approach to quality would be to also identify any separate requests from family carers. During the programme of interviews by senior managers, some major family carers - all interviewees' spouses and themselves older people - were asked for any requests of

their own. Some nominated specific types of help which would make their own lives easier - for instance dusting of ornaments, ironing, installation of a shower.

Older people vary extremely widely in both their actual circumstances and in their values and aspirations (Langan *et al* 1996). Responsiveness to the differences between individuals should be a keystone of any quality assurance system. It needs be present in every part of the care-planning, care-giving and review process and repeated over the years.

[ENDS]

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Table 1: ***Facts about the programme of interviews by senior managers***

Number of interviewees	30
Number of women	21
Age range	66-95 years
Mean age	83 years
Range of Home Care hours per week	15 minutes - 33 hours
Mean Home Care hours	8 hours 48 minutes
Living alone	24 people
Living with spouse	6 people
In sheltered housing	15 people
In ordinary housing	15 people
Range of lengths of interview	25 minutes - 1 hour 50 minutes
Mean length of interview	1 hour 7 minutes
Number of interviewers	11 managers

Figure 1: ***'Do you have any personal priorities or preferences which are specially important to you concerning Home Care?' Responses from interviewees from Area 'A' in the interview programme by senior managers***

- 3 people wanted later bedtime visits
- Another person sought an extremely late bedtime on account of severe discomfort in bed.
- One interviewee's husband wanted an earlier first call to allow more time for his many caring tasks.
- One person wished to be always phoned if Home Care were going to be late - to reduce her anxiety that she might have been forgotten.
- One person wished that laundry and house cleaning be done more frequently
- One person wished for an occasional cooked meal at teatime, rather than always cold food.
- A person with severe mobility problems wished Home Care Assistants would continue to ensure that she had everything she needed close to hand.
- An interviewee with diabetes wished Meals On Wheels to be always delivered punctually, as was done at present.
- One woman wished to continue to be served only by female staff, especially for personal care.

Figure 2: ***'Do you have any personal priorities or preferences which are specially important to you concerning Home Care?' Responses from interviewees from Area 'B' in the interview programme by senior managers***

- 5 people sought help to maintain the appearance of their home, eg: dusting pictures; polishing chairs; changing curtains; painting and decorating.
- One person wished particular Home Care staff to stay longer and chat with her
- One person wished a particular trusted Home Care Assistant to undertake private errands to the bank for her.
- One person wished lunch not to be delivered too soon after breakfast.
- One person wished shopping to be done on a different day.
- One person wished help with showering
- One person wanted Home Care to think of possible tasks themselves and suggest them to her, like 'Would you want your bed changing?', rather than wait for her to ask for things.
- One person wished her tea always made weak, just as at present.
- One person wished her bed always made in a certain way, just as at present.

Figure 3: ***Components of evaluation of the Home Care Record by SPRU staff***

- Analysis of the entries in the structured briefing document
- Written questionnaires to Home Care Assistants
- Written questionnaires to the 5 team leaders and their line managers
- A tape-recorded discussion with the team leaders and their line managers
- Documents completed by Home Care team leaders after visiting each client to assess consequences from the exercise for the client or their family

Figure 4: ***Clients' preferences or requests during the test of the Home Care Record***

Requests named by more than one client

- Five requests concerned the timing of Home Care visits.
- Four people sought the same Home Care Assistant for a week or a month at a time.
- Three people wished staff to spend more time with them during a visit.
- Two people wanted their shopping or pension collection done on different days.

Other requests, named only by single clients:

- Help to find honestly priced gardening, electrical and plumbing services.
- More help whenever family are on holiday
- One extra daily visit from Home Care
- Temporary extra help after leaving hospital.
- Would like cooker always wiped after use.
- Would like Home Care to collect medication
- Occasional extra house cleaning